ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION 501 WOODLANE, SUITE 312 SOUTH LITTLE ROCK, AR 72201 PHONE (501) 683-8000 FAX (501) 683-8050

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BOARD USE ONLY		
CK or MO #		
Date CK/MO		
Rec'd \$		
R#		
Posted by		
APP Processed by		
APP Reviewed by		

FORM 2030 - TRAVELING SCHOOL NOTICE OF MOVE

Fee \$25

(Lines will expand as needed)

NAME OF SCHOOL			
PERMANENT LICENSE NUI			
(as listed on annual licens	e)		
CITY/TOWN WHERE TRAIN	NING WILL BE OFFERED		
STREET ADDRESS WHERE	PROGRAM WILL BE HELD		
PROPOSED START DATE		PROPOSED END DATE	

List currently licensed program title and length of each program to be offered at this location:

PROGRAM TITLE	LENGTH OF PROGRAM

STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form are true, complete, and accurate. I understand that the location of the license shall not be moved without at least a 24-hour notice to the Board. I further understand that Board notification shall be considered made upon receipt of this form and the appropriate fee.

Printed Name of Official	Title	
Ciara truss of Official	D-1-	
Signature of Official	Date	
(Sign in Blue Ink)		